

April 16, 2010

VIA ELECTRONIC FILING

Ms. Marlene Dortch
Secretary
Federal Communications Commission
Washington, DC 20554

Re: CC Docket No. 96-45
NOTICE OF EX PARTE PRESENTATION

Dear Ms. Dortch:

On April 16, 2010, Javier Rosado, Senior Vice President, Lifeline Services, TracFone Wireless, Inc., and I met with Irene Flannery, Associate Bureau Chief, Wireline Competition Bureau, and with Elizabeth McCarthy, Gina Spade, and Jamie Susskind, all of the Telecommunications Access Policy Division, Wireline Competition Bureau. Also in attendance were Karen Majcher and Pam Gallant, both of the Universal Service Administrative Company.

During the meeting, we discussed several matters regarding TracFone's provision of SafeLink Wireless® Lifeline service as an Eligible Telecommunications Carrier ("ETC"). Specifically, we discussed TracFone's procedures for enrolling in its Lifeline program qualified residents of homeless shelters and other multi-resident living facilities, TracFone's procedures for deactivating and de-enrolling non-usage customers from its Lifeline program for discontinuing receipt of Universal Service Fund support for such customers, and its efforts to prevent customers from enrolling in its Lifeline program who already receive Lifeline-supported service from other ETCs. Several handouts were provided. Copies of each are attached hereto.

Pursuant to Section 1.1206(b) of the Commission's rules, this letter is being filed electronically. If there are questions, please communicate directly with undersigned counsel for TracFone.

Sincerely,

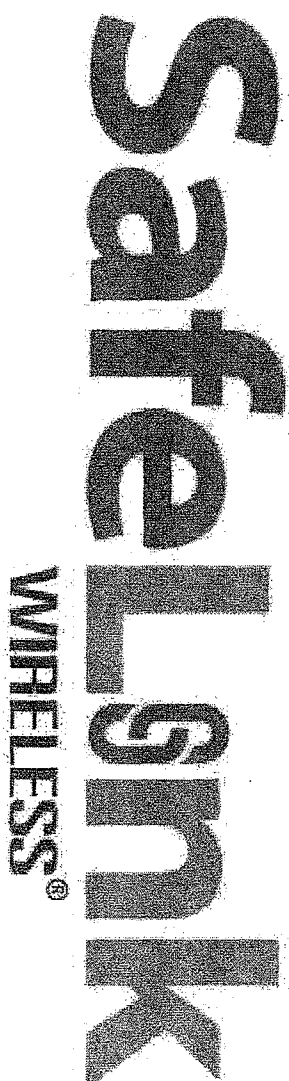


Mitchell F. Brecher

Cc: Ms. Irene Flannery
Ms. Gina Spade
Ms. Elizabeth McCarthy
Ms. Jamie Susskind
Ms. Karen Majcher
Ms. Pam Gallant

enclosures

Enclosure 1



Shelter Process

SafeLink

WIRELESS®

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I. SafeLink Shelter Process


- ❖ Database with Shelter's address, phone numbers and bed quantity is provided by State entity.
- ❖ Safelink Operations prepares documentation for Shelters
- ❖ Safelink Operations begins contacting Shelters

II. Phase I

- ❖ Phase I packet consisting of the following items:
 - ❖ Letter explaining the service provided by Safelink Wireless
 - ❖ Shelter Application
 - ❖ BRE (Business Reply Envelope)

SafeLink® WIREFLESS

III. Introduction Letter



Date

Attention: FREE Phone & FREE Minutes

Shelter Name

Attn: Shelter Representative

Address

City/State, Zip

Qualified Residents Receive:

- * A FREE SafeLink mobile phone.
- * Unlimited access to emergency 911 calling
- * FREE minutes (6,000/900), access to long distance
- * 24-hour service
- * Access to discounted additional service available to local residents
- * No contract, contract, calling to pay!

Re: Shelter eligibility for residents to apply to participate in SafeLink Wireless Lifeline a Government-backed Program

Dear Shelter Representative:

Congratulations! SafeLink Wireless is happy to inform you that shelters in your state are now approved to receive an a physical location for residents to apply for participation in the Federal Lifeline program provided by SafeLink Wireless. This means your residents may be eligible to receive free cell phone and monthly minutes from SafeLink Wireless by completing and qualifying through the SafeLink Wireless application process. It is important to note that there is a special enrollment process for those who live in a shelter.

In order for your shelter to be approved to serve as a physical location for residents to apply for participation in the SafeLink Wireless Lifeline program, please follow the steps below:

1. Fill out the enclosed Shelter Application for Lifeline Assistance stating how many beds/units/residents you serve.
2. Notify you are an authorized shelter representative to enroll in a location.
3. Upon receipt and approval of the Shelter Application, SafeLink Wireless will add your shelter's address to its database of approved locations.
4. Once the shelter's address is updated, SafeLink Wireless will provide customized SafeLink Wireless applications and Authorization Forms for your shelter residents to complete and submit.
5. All SafeLink Wireless applications sent by individual residents from your shelter's address must be accompanied by the Authorization Form signed by you as shelter manager conferring eligibility and residence.
6. Once an applicant is approved to participate in the SafeLink Wireless Lifeline program, the phone will be shipped to the shelter's address.

SafeLink Wireless is dedicated to empowering low-income individuals and families during these troubling times. With your help we are determined to provide every unit from your shelter access to essential telecommunications services.

If you have any further questions or concerns please contact 1-800-SAFE-LINK (723-3543).

Sincerely,
SafeLink Wireless

SafeLink

WIRELESS®

IV. Application Form

SHELTER APPLICATION FORM LIFELINE ASSISTANCE PROGRAM

Please Read All Instructions Before Completing

1. PLEASE PRINT name and physical address of the shelter applying for assistance:

Shelter Name		Telephone Number	
Street Address No.	City	State	Zip Code
First Name of Shelter Representative	Last Name of Shelter Representative	Shelter Type	
E-mail Address		Number of Shelter beds/units/rooms	

PLEASE READ AND SIGN THE FOLLOWING:

I certify under penalty of perjury that:

- The shelter name listed above with the corresponding address is an operating shelter.
- I am authorized by this shelter to co-sign applications for individuals applying to participate in the SafeLink Wireless Lifeline program.
- The shelter named above will certify that the individual applicant has been a resident of the shelter.
- The shelter will require a certification from the individual applicant stating that the applicant has not applied for or received a SafeLink Wireless Lifeline phone from any other shelter or provider.
- The information contained on this form is true and correct to the best of my information and belief.

I authorize SafeLink Wireless® or its duly appointed representative to access any records required to verify my statements herein. I understand that completion of this application does not constitute immediate approval for my shelter to receive Lifeline.

By signing below, I acknowledge that providing fraudulent documentation in order to receive assistance is punishable by law.

Printed Name of Shelter Representative _____

Shelter Representative Signature _____ Date _____

Please return information to: **SAFELINK WIRELESS®**
PO Box 220009
Milwaukee OR 97269-0009

For questions concerning Lifeline, please call SafeLink Wireless® business office at
800-SAFELINK (977-3763)



V. BRE (Business Reply Envelope)

			<div>NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES</div> 
<div>BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO 486 PORTLAND OR POSTAGE WILL BE PAID BY ADDRESSEE</div>			
<p>SAFELINK WIRELESS® P.O. BOX 220009 MILWAUKIE, OR 97269-9909</p>			
30692			




- ❖ The Shelter Manager or Program Director will receive the application to be signed, dated and returned in the envelope provided, and will confirm the address and the number of residents in the shelter.
- ❖ Upon receiving the application and confirming the bed/room count Safelink will send Phase II packets to the shelter.

VI. Phase II

- ❖ A Phase II packet consists of one application and one authorization per bed/room in the shelter.
- ❖ Shipment Note with instructions
- ❖ Personalized authorizations forms with the shelter name and address
- ❖ Applications for Lifeline program
- ❖ BRE (Business Reply Envelope)



VII. Shipment Note



Dear Shelter Representative:

Please ONLY hand out the individual state applications to prospective residents.

Keep the authorization forms for yourself to use once residents fill out and submit their applications to you. Please remember that the authorization form must contain the applicant's name on the top and must be signed on the bottom by the Shelter manager only.

Please send back the ORIGINAL signed resident application with an ORIGINAL signed authorization form from you in the enclosed pre-paid remit envelope. Failure to submit both forms will delay the process for your residents.

Thank you.

S a f e l i n k W i r e l e s s . c o m



VIII. Authorization Form

SafeLink
WIRELESS®

SHELTER AUTHORIZATION FORM
LIFELINE ASSISTANCE PROGRAM

I. PLEASE PRINT name of Shelter resident requesting service:

Shelter Name		Telephone Number	
Street/Apartment No.	City	State	Zip Code
First Name of Shelter Representative		Last Name of Shelter Representative	
Name of Shelter resident requesting service			

PLEASE READ AND SIGN THE FOLLOWING:

UNIT # _____ of _____

I certify under penalty of perjury that:

- I am authorized by the shelter described above to co-sign applications for individuals applying to participate in the SafeLink Wireless Lifeline program.
- The information contained on this form is true and correct to the best of my knowledge and belief.

I authorize SafeLink Wireless® or its duly appointed representative to access any records required to verify my statements herein. I understand that this letter is presented as co-signature and that it is only valid when it comes attached to the filled out information from the individual soliciting service.

By signing below, I acknowledge that providing fraudulent documentation in order to receive assistance is punishable by law.

Shelter Representative Signature _____ Date _____

SIGN & DATE

SafeLink

WIRELESS®

IX. Enrollment Form

Shelter ID: _____ Shelter Number: _____

REQUIRED DISTRICT OF COLUMBIA SHELTER APPLICATION FORM LIFELINE ASSISTANCE PROGRAM

Please Read All Instructions Before Completing.
Form must be filled in front and back.

Date: _____

SECTION I

Please provide all of your correct personal information. Your information will be validated against Public Records and any discrepancies could result in delays in your application approval.

1. PLEASE PRINT name and physical residence address of person applying for assistance:

Last Name	First Name	Middle (Initial)	Home Phone Number
Contact Phone Number		E-mail (do not include personal program use)	
Street / Apartment No.	City	State	Zip Code
Last 4 digits of SSN		Birth Date	

SECTION II

I hereby certify that I participate in at least ONE of the following public assistance programs (select just ONE program from the list):

- | | |
|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> National School Lunch (free program only) |
| <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) | <input type="checkbox"/> Low Income Home Energy Assistance (LIHEAP) |
| | <input type="checkbox"/> Federal Public Housing Assistance/Section 8 |

HOUSEHOLD INCOME: Eligibility may apply if your total household income is at or below 135% of the Federal Poverty Guidelines

Please check the box that applies to you:

Persons in Family or Household	Annual Income	Monthly Income	Please Check
1	\$14,823	\$1,235	<input type="radio"/>
2	\$19,870	\$1,656	<input type="radio"/>
3	\$24,719	\$2,059	<input type="radio"/>
4	\$29,768	\$2,481	<input type="radio"/>
5	\$34,817	\$2,901	<input type="radio"/>
6	\$39,866	\$3,322	<input type="radio"/>
7	\$44,915	\$3,743	<input type="radio"/>
8	\$49,964	\$4,164	<input type="radio"/>
For each additional person, add	\$5,049	\$421	<input type="radio"/>

You must submit proof of total current household income for INCOME-BASED QUALIFICATION. (E.g. 4 months consecutive pay stubs, letter from employer, last year income tax form, etc.)

Please make sure that you complete SECTION III on next page

***Only original application forms will be accepted.**

SECTION III

PLEASE READ AND SIGN THE FOLLOWING:

Penalty of Perjury

Under title 18 U.S.C. § 1621, whoever willfully states as true any material matter which he does not believe to be true in a statement under penalty of perjury, is guilty of perjury and shall, except as otherwise expressly provided by law, be fined or imprisoned not more than five years, or both.

I certify under penalty of perjury that:

- I qualify based on the total household income as identified herein.
- I do not currently receive Lifeline support for a telephone line serving my residential address, listed in page one of this application form; otherwise I agree to cancel my current household Lifeline support provider in favor of SafeLink Wireless®.
- I am head of household and I am not claimed as a dependent on someone else's federal or state tax return.
- I will notify SafeLink Wireless® when my income level changes and I no longer qualify for the Lifeline assistance program by calling 1-800-SafeLink (723-3546)
- I will notify SafeLink Wireless® of any change of address by calling 1-800-SafeLink (723-3546)
- The information contained on this form is true, and correct to the best of my knowledge and belief.

I authorize SafeLink Wireless® or its duly appointed representative to access any records required to verify my statements herein, and to confirm my continued eligibility for Lifeline assistance. I also authorize social service agency representatives to discuss with, and/or provide information to SafeLink Wireless®, verifying my participation in benefit programs that qualify me for the Lifeline assistance. I understand that completion of this application form does not constitute immediate approval for Lifeline.

By signing below, I acknowledge that providing fraudulent documentation/information in order to receive assistance is punishable by law.

Printed Name: _____ Date: _____

Applicant Signature: _____

Privacy Law

☐ Yes, I would like to receive prerecorded messages regarding special offers for SafeLink Customers and promotional offers from TracFone at the Home Telephone number provided in the Contact Information.

Please return information to: **SAFELINK WIRELESS®**
PO Box 220009
Milwaukee OR 97269-0009

For questions concerning Lifeline, please call SafeLink Wireless® business office at 1-800-SafeLink (723-3546)



- ❖ Upon receiving the forms, shelter managers distribute the forms amongst the residents and assist the residents in completing the forms.
- ❖ Shelter managers will confirm that the applicant lives in the shelter by completing the authorization form and returning it to Safelink with the application.
- ❖ Once received, Safelink verifies the applications and authorizations to ensure they have proper signatures and then processes the applications for approval.



X. Approval Process

Lifeline program eligibility varies by state but generally applicants may qualify for SafeLink service by:

1) Income: if their household income is not above state's percent of the federal poverty income guidelines. Applicants must submit proof of their household income.

2) Program: if they are participants of a government assistance program. Eligible programs vary by state, but generally include the following:

- Medicaid
- Supplemental Security Income (SSI)
- Low-Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program
- Federal Public Housing Assistance (Section 8)
- Food Stamps
- Temporary Assistance to Needy Families (TANF)



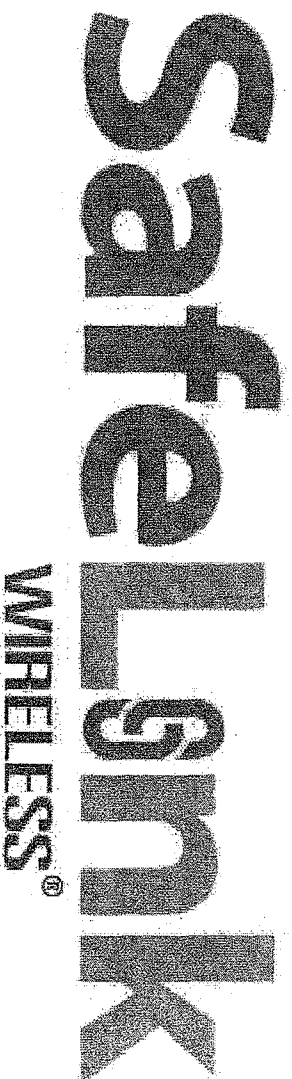
❖Subscribers in states that permit self-certification of program participation can self-certify program participation; subscribers in states that require documented proof of program participation will need to submit proof of participation, such as a copy of a Medicaid card or benefits award letter.

❖Subscribers who qualify for Lifeline based on income will need to submit proof of income.

❖Proof of Income can be 4 consecutive months pay stubs, Social Security Award Letter, prior year's Income Tax return, W2, 1099, or letter from an employer.

It is extremely difficult for homeless families to provide documentation of program participation or income. Should the fact that they are homeless constitute sufficient evidence of being qualified to receive Lifeline?

Enclosure 2



FCC - TracFone Meeting
April 16, 2010

Double Dipping

- For Lifeline purposes the FCC has determined that double dipping occurs when one household receives Lifeline support for more than one line. This can be traced to:
 - A single ETC providing the same household with Lifeline support for more than one line; or
 - Two different ETCs providing the same household with Lifeline support.



An ETC providing a household with Lifeline support for more than one line

- TracFone has strict controls that prevent this type of double dipping from happening.
- All ETCs can control this type of fraud.

Two ETCs providing Lifeline support to the same household

- No ETC has access to another ETC's database so ETCs have no ability to prevent this type of double dipping.



Issues

- Only a few states have centralized databases that would allow them to help prevent a household from receiving Lifeline support from more than one ETC.
- USAC currently has no way to proactively prevent this type of double dipping.
- The probability and ease of double dipping across ETCs has increased exponentially given the presence of prepaid wireless ETCs that give consumers more Lifeline options.
- There is no guidance on how to handle this type of fraud.



TracFone Proposal

- Long Term
 - USAC currently receives monthly data form all Etc's that is used for payment
 - USAC starts receiving databases from all ETCs on a monthly basis reflecting actual customer Lifeline participation.
 - USAC processes the data to determine the last ETC to enroll a customer; that ETC keeps the customer.
 - USAC informs ETCs which customers need to be de-enrolled.